



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6722

|   |   |  |   |   |                          |                                |
|---|---|--|---|---|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/540,778  | <b>FILING or 371(c) DATE</b><br>03/03/2006<br><b>RULE</b>   | <b>CLASS</b><br>606                                      | <b>GROUP ART UNIT</b><br>3773   | <b>ATTORNEY DOCKET NO.</b><br>CRD5013PCT0 |                          |                                |
| <b>APPLICANTS</b><br>James A. Fleming III, Bethlehem, PA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/02673 01/30/2004<br>which claims benefit of 60/444,320 01/31/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/28/2006 |   |  |   |   |                          |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JING OU/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>PA   | <b>SHEETS DRAWINGS</b><br>12              | <b>TOTAL CLAIMS</b><br>6 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>PHILIP S. JOHNSON<br>JOHNSON & JOHNSON<br>ONE JOHNSON & JOHNSON PLAZA<br>NEW BRUNSWICK, NJ 08933-7003<br>UNITED STATES  |   |  |   |   |                          |                                |
| <b>TITLE</b><br>Filter retrieval catheter system, and methods   |   |  |   |   |                          |                                |
| <b>FILING FEE RECEIVED</b><br>730   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                          |                                |